

Grow the Game Grant

1. General Applicant Information

Organization Name:

Program Name (if different):

Contact Name:

Position/Title:

Mailing Address:

City:

State:

Zip:

Email:

Phone:

Additional Contact Name:

Title:

Email:

Phone:

2. Please check which USTA Missouri Valley District you are located *

- ☐ Heart of America
- ☐ Iowa
- ☐ Kansas
- ☐ Missouri
- ☐ Nebraska
- ☐ Oklahoma
- ☐ St. Louis

3. Have you met with and discussed this program with your local TSR (Tennis Service Representative) or Missouri Valley staff? *

- ☐ Yes
- ☐ No - Please contact your Local TSR (Contact Info Below)

4. USTA Organization Membership Information

Note: USTA Organization Membership MUST be current.

If your organization is not a USTA Member or the Membership has expired, please call Membership Services at 1-800-990-8782.

*

USTA Organization Member Number:

5. Please provide a brief explanation of your organization or program specific to the tennis program you are requesting funding for: *

6. What area will your program include (please check all that apply): *

- ☐ Youth Imperative (6-12 age group)
- ☐ Junior Development (Play Days, USTA Junior Team Tennis, Entry Level Tournaments, Middle School High School Players)
- ☐ Program Opportunities for Millennials (18-40)

7. Ability Level of Participants (Please check all that apply) *

- ☐ Beginner
- ☐ Intermediate
- ☐ Advanced
- ☐ Tournament Level

8. Program & Participant Details *

Program Start Date:

Program End Date:

Days Per Week:

Hours Per Day:

Years in Existence:

Estimated Number of participants in tennis program:

of past Participants:

Location of Program:

9. Previous USTA Funding: *

Has your organization/program ever received any National Grant dollars?

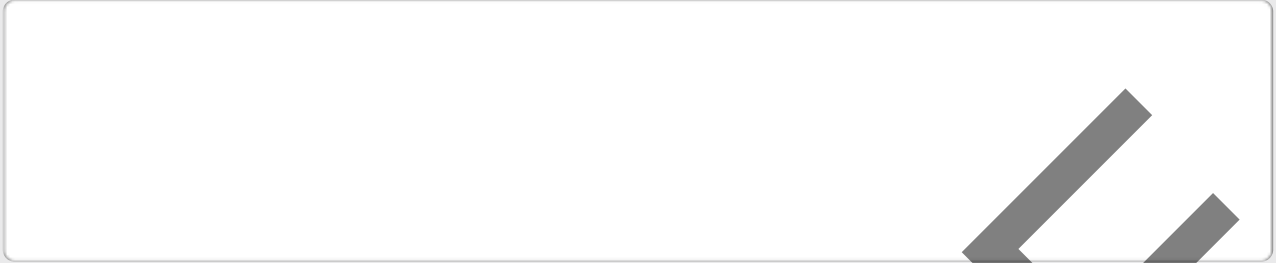
Has your organization/program ever received any Section Grant dollars?

Has your organization/program ever received any District Grant dollars?

10. Please explain how your grant will be used and provide a brief explanation for need for funding support: *

11. Please provide brief summary of any community partners that you are collaborating with on this program: *

12. Please describe strategies for sustaining this effort. List any additional funding source outlets: *



13. Please provide us with your overall goal for your tennis program and objectives for meeting these goals: *



SAMPLE

14. Annual Tennis funding sources and amounts:

Please report the dollar amount next to each source of funding that is applicable for the tennis program.

For sources that are not applicable, you must enter \$0 in each field. *

Membership Income: \$

Participant Fees: (# participants x fee =): \$

Foundations: \$

Corporations: \$

Service Organizations: \$

Fundraising Events: \$

Local Sponsorships: \$

In-kind Support: \$

Earned Income: \$

Total Income: \$

15. Please report all tennis program expenses:

Expense may include, but are not limited to, instructor/organizer wages, equipment, court/facility rental, marketing/promotional materials.

For expenses that are not applicable, you must enter \$0 in each field. *

Court/Facility Rental Fee: \$

Instructor/Coach Stipend: \$

Marketing/Promotion: \$

Equipment: \$

Other: \$

Total Expenses: \$

16. Total Grant Request:

Please provide the total dollar amount requested by using the following formula:

Total Expenses - Total Income = Total Grant requested

* Note: The maximum amount awarded by the USTA Missouri Valley Serving Up Tennis Grant is \$1000). *

Total Expenses: \$

Total Income: \$

Total Grant Requested: \$

17. Additional Comments:

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